Filed 10/03/23

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U.S. Department of Justice

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

United States Marshals Service					See <u>"Instruc</u>	tions for Service o	f Process by U.S. Marshal"	
PLAINTIFF						COURT CASE NUM	MBER	
Aaron Abadi						23cv4033		
DEFENDANT						TYPE OF PROCESS		
American Airlines Group Inc, et al						Summons & Complaint		
NAME OF	INDIVIDUAL,	COMPANY, CO	ORPORATION, I	ETC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	TO SEIZE OR CONDEMN	
SERVE AVIANO	CA S.A.							
	(Street or RFD, E MAIN BLI	Apartment No., OG HOUST	City, State and Z DN, TX 7703	IP Code) 2				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be		
Aaron Abadi						served with this Form 285 Number of parties to be		
82 Nassau Street						served in this case		
Apt. 140 New York, NY 10038						Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTH	IER INFORMA	TION THAT WI	LL ASSIST IN E	EXPEDITING SE	RVICE (Include		•	
All Telephone Numbers, and Estima					ACTICE (Inches	L LINGINESS UNE TIMETA		
							*** ***	
•							erect in the control of the control	
Signature of Attorney other Originator requesting service on behalf of:						NUMBER	DATE	
7. Arora DEFENDANT							9/5/2023	
SPACE BE	LOW FOR	USE OF U.S	. MARSHAL	ONLY - DO	NOT WRIT	TE BELOW THIS	S LINE	
I acknowledge receipt for the total number of process indicated.	Total Process	District of	District to	Signature of A	uthorized USMS	Deputy or Clerk	Date	
(Sign only for USM 285 if more	9/57	Origin No. 054	No. 079	1 2/1	1-1-6		al 2 1.	
than one USM 285 is submitted)		<u> </u>		KK	White		1/21/2023	
I hereby certify and return that I \[\] individual, company, corporation, etc	ave personally s , at the address s	erved , 🔲 have hown above on t	legal evidence o he on the individ	f service, 🔲 ha	ve executed as sh rporation, etc. sh	nown in "Remarks", the sown at the address inse	e process described on the erted below.	
I hereby certify and return that I a	m unable to loca	te the individual,	company, corpo	ration, etc. named	i above (See rem	arks below)	<u> </u>	
Name and title of individual served (if not shown above)						Date	Time am	
Address (complete only different than shown above)						Signature of U.S. Marshal or Deputy		
						1 20.		
						N/A- see remarks		
		Costs	shown on attach	ed USMS Cost S	heet >>	<u> </u>		
REMARKS This does not	have	a pri	over a	ddress.	. Need	a new	address.	
777.2 20 25 1701	,,	,	1					
							Although Middle (1997) Market Middle (1997)	